STATEMENT OF ORGANIZATION			OFFICE USE ONLY
Name and Address of Committee	98	2. Date of this Statement	PAC
Louisiana Hospital HealthP	AC	01/08/2016	5/0
9521 Brookline Avenue		Estimated Membership	129 LA HEAITH PAC
Baton Rouge, LA 70809		0	LA TICAITH I TO
Check If:		4. Amended Statement?	11 M2 / / 2 2
New Committee	Monthly Filer	Yes No	#196623 #600016
5. All Committee Officers and Directors (including Chairperson, Treasurer, if any, and any other committee officers and directors)			
a. <u>Name</u>	b. Position	c. <u>Address</u>	
Paul Salles	Chairperson	9521 Brookline Avenue, Baton I	Rouge, LA 70809
Patricia Jeter	Treasurer	9521 Brookline Avenue, Baton	Rouge, LA 70809
6. Affiliated Organizations (Any organization, other than a political committee, which directly or indirectly established, administers, or financially supports this committee.)			
a. <u>Name</u>	b. Address	, , , , , , , , , , , , , , , , , , , ,	c. Relationship to Committee
7. All Depositories for Committee Funds (committee funds must be deposited in one or more banks or savings and loan institutions or money market mutual funds.)			
a. <u>Name</u> b. <u>Address</u>			
Iberia Bank, 3700 Essen Lane, Baton Rouge, Louisiana 70809			
8. IF THIS COMMITTEE SUPPORTS A SINGLE CANDIDATE: a. Check one: Principal Campaign Committee Subsidiary Committee			
b. Name of Candidate			c. Office Sought by the Candidate
9. a. Name of Person Preparing F	Report		PAK
b. Daytime Telephone			1: 1° 7/2 0
10. WE HEREBY CERTIFY that the information contained in this STATEMENT OF ORGANIZATION is true and correct to the best of our knowledge, information and belief.			
This day of			
Thisday ofHAND DELIVERED			
Signature of Comm	ittee Chairperson	225-92	28-0026 time Telephone Number
$Q_{L}$	1 A Ant	_	
1 satru	ia o ylli		28-0026
Signature of Comm	ittee Treasurer, if anv	Dav	time Telephone Number